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WHAT FACTORS INFLUENCE CLIENT PARTICIPATION  
IN MENTAL HEALTH SERVICES?

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Lela Ann Anderson

June 2002

WHAT FACTORS INFLUENCE CLIENT PARTICIPATION  
IN MENTAL HEALTH SERVICES?

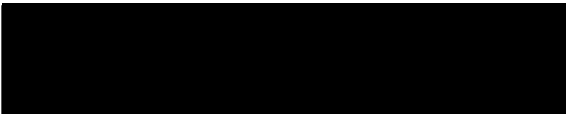
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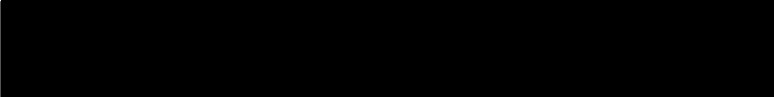
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by  
Lela Ann Anderson  
June 2002

Approved by:

  
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6/10/02  
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## ABSTRACT

The focus of this study was to explore what factors contribute to a client's decision of whether or not to continue a therapeutic relationship. The significant variables are: Problem at time of case opening, referral source, length of time case open and Children's Bureau worker. The somewhat significant variable is: income. The not significant variables are: Relationship to child, Employment status, Occupation, Highest grade completed, Marital status, Ethnicity, Primary language, and Reason case closed. The data for the "Client satisfaction" variable was insufficient to determine statistical significance. Referrals from schools are usually classified as "at risk," and have a significantly higher number of continuers. Referrals from Children's Protective Services are usually classified as "physical abuse," "sexual abuse" or "emotional abuse," and have a significantly higher number of discontinuers. There was one Children's Bureau worker who had a significant number of discontinuers. It appears that clients with higher incomes may seek services outside of Children's Bureau. Results of this study will assist social workers in their efforts to engage a client on the client's terms. Data were analyzed by using SPSS data analysis software program.

## ACKNOWLEDGMENTS

I would like to thank Dr. Matt Riggs and Rachel Wolinsky for their guidance and insight.

## DEDICATION

I specifically wish thank ROD HARRISON, who has brought happiness to my soul. His inner strength, commitment, and support has been unyielding. Rod, I love you more than words can say. You are the best. I am so very fortunate.

All my love goes to ALIA, DUNCAN, ANDERS and ADAM HARRISON, my joy and motivation. All of you are so very special and unique. Cherish your differences.

My success in my endeavors stem from the solid value system that my mother raised me with. Life can be challenging and I thank her for giving me the tools to meet those challenges and move forward. Thanks to my mother, SARA ANDERSON, I have a beautiful family and I enjoy life. I have succeeded because of her perseverance. I love you, Mom.

Thank you so very much ROGER and MARYANNE HARRISON for being so thoughtful and kind. I love being a part of the HARRISON clan. This is a strong, loving family.

To MELISSA RILEY, you keep me balanced. Love and peace.

I want to say thank you to CONNIE and STEVE for being a part of my family. You have given us many wonderful memories and we look forward to many more. We love you.

Last, but definitely not least, I must recognize SOLOMON,  
my constant companion, generous friend and confidant.  
Because of SOLOMON, I am a better person.

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## CHAPTER ONE

### INTRODUCTION

The contents of Chapter One present an overview of the project. The problem statement, policy, and practice context are discussed followed by the purpose of the study, context of the problem. Finally, the significance of the project for social work is presented.

#### Problem Statement

The concern to investigate persons who drop out of therapy was stimulated by an interest in the delivery of services to clients of the Children's Bureau. Paramount to the question of a justified existence for helping services within the community is whether or not persons needing those services are able to avail themselves of them. Many reasons can be stated as to why certain individuals and families cannot utilize the services of a social work agency, but it is the ultimate responsibility of the profession to seek the answers as to why and how these helping services can become more relevant and available to the community which it purports to serve.

The unwillingness or inability of some clients to utilize casework services, with the implications of failure in the fundamental helping function, is a problem

which should concern all social work practitioners. In many instances, discontinuance or simple non-utilization of services represents an impairment or subversion of the primary purpose for which the social worker has mobilized and made available his/her knowledge and skills. In spirit, non-utilization implies a failure to provide help to individuals who experience social and psychological stress. So, to the extent that non-utilization tends to constitute or reflect some failings of the basic objectives of the helping function, there arises the problem of ineffectiveness in the helping process. The desire of this project is to enhance the agency's policies in order to decrease premature termination of services. This study will help determine why clients did not return and will help the agency set specific policy targets regarding client return rates.

#### Policy Context

The policies of the mental health services provided by the Children's Bureau are shaped by the ethics imposed by supervisors. The Department of County Mental Health funds certain programs and the policies that guide the Department of County Mental Health, therefore, guide those programs.

The conceptual framework of this project stems from the history of premature termination in mental health services, and specifically from the difficulties social workers have had in attempting to engage clients in availing themselves of the services provided by mental health professionals. The identified variables are: ethnicity, marital status, occupation, income, employment status, primary language, highest grade completed, relationship to child, referral source, problem at time of case opening, length of time case open, Children's Bureau worker, and client satisfaction. The dependent variable is premature termination (discontinuation) of mental health services.

The Children's Bureau was not getting the client return rate they desired. Therefore, the Children's Bureau should be fertile ground for this study.

#### Practice Context

The reason for this research comes from a condition observed first-hand by therapists and supervisors, at the Children's Bureau, that a significant number of clients are applying for services, and then discontinuing after intake or shortly thereafter. The question, then, that emerges is: Why do a significant number of clients apply

for services and then drop out before the services are completed?

In some cases, it may be safe to assume that the client resolved his/her problem situation, or at least stabilized it and felt that helping services were no longer needed. But what about those whose problem continued and services were not utilized? The purpose of this research is to find out what we can learn about that population in contrast to those clients who continued receiving services within the agency.

The approach to practice that the Children's Bureau uses is varied. The different therapists are allowed to use the theoretical approach of their choice. The one that had been mentioned most by the agency's therapists was Solution-focused therapy.

Solution-focused therapy is a strengths-based theoretical model that is strongly centered on client self-determination.

The problem has been approached differently by various studies which will be discussed in a following chapter. For the purposes of this study, the following factors have been chosen: ethnicity, marital status, occupation, income, employment status, primary language, highest grade completed, relationship to child, referral

source, problem at time of case opening, length of time case open, Children's Bureau worker, and client satisfaction. These factors were selected with the desire to show the relationships and patterns within the client's family, and between the client's family and the agency. Hopefully, this study will generate a framework that the agency can use to help support clients who may otherwise terminate services prematurely.

#### Purpose of the Study

The purpose of the study is to develop a foundation of knowledge that could improve the current policies and procedures with regards to their implementation within the mental health services provided by the Children's Bureau.

This study is directed toward the specification and assessment of demographic characteristics of this specific population. The purpose of this study is to isolate the distinct factors of premature termination by a client. Therefore, the author systematically collected and organized data from case records closed within a specific period of time, and randomly chose cases from the recent files of Children's Bureau in order to collect data of newly terminated cases.



## Significance of the Project for Social Work

The significance of the project for social work is the improvement of the quality of services provided by mental health service providers and utilizing those improvements to support the duration of the services sought by clients.

Because of an increased awareness on the part of the social work profession for the need to adjust itself to the nature and lifestyles of the individuals and families that it is attempting to serve, most current research has tended to direct its efforts towards what therapeutic approaches are successful for each individual client once the client is engaged in services, but has neglected to explore what factors influence a client's decision to continue or discontinue seeking services. This increased interest in exploring the general helping process in terms of the client's own individual characteristics once receiving services is indicative of the profession's search to make its services more relevant to the varied needs of its clients.

With that in mind, this project is an exploratory study designed to be used as a foundation of information to guide several functions. First, it will provide the

Children's Bureau with demographic information about its clients. This data will be useful in identifying and supporting clients who are at risk of premature termination of services. Second, the types of information gathered through this study may help in the shaping of how services are provided in order to increase the effectiveness of the services offered to clients who continue receiving them. The agency's social workers can then direct the approach of the services provided to increase the possibility of utilization by the client. Third, it is the goal of this study to contribute towards guiding the direction of future research efforts on this topic.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Chapter Two consists of a discussion of the relevant literature. Ideally, the decision to terminate services that a client receives from a mental health professional is a joint one between the social worker or therapist and the client. The focus of this study is the premature termination of services. The areas being reviewed are: the agency's characteristics, the client's characteristics, the client's environment, the social worker's characteristics and environment, the client-worker relationship, and human behavior in the environment theories guiding conceptualization.

#### The Agency's Characteristics

It is important, for the sake of this discussion, to assume that the client is using and benefiting from the services that the agency offers. Use of services does not guarantee the quality of the services, but, as Ripple has noted, "continuance is not synonymous with 'use' of casework service...however, continuance is the necessary antecedent to use of service" (Ripple, 1967, p. 87).

Premature termination nullifies any efforts put forth by the agency to assist the client.

### The Client's Characteristics

The client's continuance of services or premature termination is dependent upon different variables affecting that client. Ripple defined the variables of the client as the client's motivation, his capacity, the opportunities in his environment, and the opportunities offered by the social agency (Ripple, 1955). Three groups of variables classified by Sullivan, Miller, and Smelser are: characteristics of the patient, characteristics of the therapist, and the situation of both (Sullivan, Miller, & Smelser, 1958). Levinger gives four variables which offer a comprehensive look at the client's behavior in a helping relationship: client's personal attributes, client's current environment, helper's personal attributes and environment, and the characteristics of the client-helper relationship (Levinger, 1960). With Levinger, the totality of the client is considered. The author will use Levinger's set of variables as the conceptual framework for this literature review.

## The Client's Environment

The client's environment is a variable which must be recognized as important to the caseworker when dealing with the client. Shyne's study found that clients who had environmental problems which might be modified, such as housing, jobs, and schools, would be more likely to continue services (Shyne, 1957). The socioeconomic status of the client is an important factor in determining whether the client will continue or not. Scheiderman stated that, "There is evidence in our health and welfare enterprise that the lowest social class, the impoverished people who live in the economic cellar of the community, are the least adequately served; that to an alarming extent, the impoverished are considered as poor service risks in programs presumably set up to meet their needs; that the poor are not competing successfully with their middle-class or working-class neighbors for the attention of social workers and other professional helpers; that money raised in the name of the poor does not often reach them in the form of effective services (Schneiderman, 1965). Hollis' study reported six factors where differences between continuers and premature terminators turned up: socio-economic status, race, alcoholism, the willingness of the partner to come to the agency for

interviews, practical hindrances to continuation, and the efforts made by the worker to urge the client to return after one or more appointments had been failed. With regard to socio-economic status, membership in the upper middle class appeared to be the principal determinant differentiating continuers from discontinuers. In the continuing group, six of the nineteen clients were college graduates, whereas none of the discontinuers was (Hollis, 1968).

#### The Social Worker's Characteristics and Environment

The characteristics and environment of the helping professional have not been researched much. It is the belief of the agency mental health supervisors that personality conflicts between the helper and the client may be a leading cause of premature termination. It is also a possibility that the intake process, if not done with sensitivity and awareness of where the client is, is also a factor of premature termination.

Shyne stated that clients and caseworkers have reported that workers are unable, "...to meet the client on his own ground, as it were, allowing him to develop his problems as he sees them" (1957, p. 230). She also stated that "the general attitude of the worker about the

availability and probable helpfulness of service were factors not previously identified as differentiating short-term and continuing cases" (1957, p. 229).

### The Client-Worker Relationship

The client-worker relationship has been studied at length by the social work profession. Blekner pointed out that clients must see the worker as a counselor rather than a giver of concrete help (Blekner, 1954).

There is a need to study the effect of the socio-economic distance between the client and the helper and how that distance effects the perception of problems.

Human Behavior in the Environment Theories Guiding Conceptualization Solution-focused therapy is a postmodern approach that originated in the late 1970s. It was developed by Steve de Shazer, Insoo Kim Berg, and their colleagues at the Brief Family Therapy Center in Milwaukee, Wisconsin (Cooper & Lesser, 2002). In the late 1960s and early 1970s, there were a number of developments in brief therapy. These developments were: in 1968, the establishment of the Brief Therapy Center at the Mental Research Institute in Palo Alto, California; in 1969, de Shazer began to develop a model of brief therapy; in 1974, a paper, "Brief Therapy: Focused Problem Resolution," was

published (#20); also in 1974, a book, "The Treatment of Children Through Brief Therapy of Their Parents (#17)"; in 1975, de Shazer presented "Brief Therapy: Two's Company (#3)." Steve de Shazer states that he was unaware of the Palo Alto group until 1972. All of these were in connection with the growth of family therapy.

It is important to understand the definitions of difficulties, complaints, and solutions in order to understand the concepts of Solution-focused therapy. According to de Shazer Berg, Lipchik, Nunnally, Molnar, Gingerich, et al., difficulties are "the one damn thing after another" of everyday life (p. 5). These are things like the car not starting, burning dinner, and occasional arguing between spouses. Complaints consist of a difficulty and a recurring ineffective attempt to overcome that difficulty and/or a difficulty and the perception on the part of the client that their situation is static and nothing is changing, i.e., "one damn thing after another becomes the same damn thing over and over." Solutions are the behavioral and/or perceptual changes that the therapist and client construct to alter the ineffective way of overcoming the difficulty and/or are the construction of an acceptable alternative perspective



which enables the client to experience the complaint situation differently (p. 5).

Selekman (1997) designed a five-component "solution-oriented format" to be used during the initial visit. 1) problem defining and clarification, 2) meaning making, 3) assessing the customer(s) for change in the client system, 4) goal setting, and 5) collaborative treatment planning. This approach allows the therapist to work with the family to externalize labels of individual members (Cooper & Lesser, 2002).

According to Cooper and Lesser, by way of Saleebey (1997), Solution-focused therapy is congruent with many of the values identified as being integral to a strengths model of practice. These are:

1. A focus on the strengths and capabilities of clients, not on their diagnoses.
2. A collaborative partnership between the client and consultant.
3. Client self-determination in the helping process.
4. Belief that individuals are capable of growth and change.
5. The entire community is considered a resource in the work with the client.

Specific to client self-determination, the therapist does not assume privileges with the client. The client and therapist look for solutions and not causes. The client determines when and if there is another appointment. It is assumed that the client knows what is in his best interest.

The language in Solution-focused therapy is directed towards action. A client works in terms of goaling, rather than setting goals. This distinguishes an endpoint from a process (Cooper & Lesser, 2002). This use of language is used to help the client change from a problem focus to a solution focus. Along with action language Solution-focused therapists use scaling questions. These provide a way to establish a quantitative measurement of different stages of the client's progress.

Problem-tracking questions are used to help understand family dynamics. These questions are helpful in understanding how each person interacts within the family context. These can be very helpful in the client's understanding of how his behavior affects others in the home.

Cooper and Lesser describe the editorial reflection as "taking a break during the session so that she (the therapist) and the client each have an opportunity to

reflect on what has been transpiring in the session" (2002, p. 197). This time is used for reflection, and sometimes to select 'homework' assignments for the client.

A specific question asked at the end of the first session is the Formula First Session Task (FFST): "Between now and the next time we meet, I want you to observe, so that you can tell me next time, what happens in your life that you want to continue to have happen" (Cooper & Lesser, 2002, p. 197).

The main principles of Solution-focused therapy, according to de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, et al., are:

1. Most complaints develop and are maintained in the context of human interaction. Individuals bring with them unique attributes, resources, limits, beliefs, values, experiences, and sometimes difficulties. Individuals continually learn and develop different ways of interacting with each other. Solutions lie in changing interactions in the context of the unique constraints of the situation.
2. The task of Brief Therapy is to help clients do something different, by changing their interactive behavior and/or their interpretation

of behavior and situations, in a way that allows a solution (a resolution to their complaint) develops.

3. The idea of "resistance" has puzzled therapists for a long time. de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, et al. state the following about "resistance:" "As we watched each other work, we became more and more convinced that clients really do want to change. Certainly, some of them found that our ideas about how to change did not fit very well. However, rather than seeing this as 'resistance,' it seemed more the client's way of letting us know how to help them." The key de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, et al. created for promoting cooperation is simple:

"First we connect the present to the future (ignoring the past, except for past successes), then we point out to the clients what we think they are already doing that is useful and/or good for them, and then--once they know we are on their side--we can make a suggestion for

something new that they might do which is, or at least might be, good for them" (p. 3).

4. New and beneficial meaning can be constructed for at least some aspect of the client's complaint.
5. Only a small change is necessary. Therefore, only a small and reasonable goal is necessary. One major difference between brief therapy and other models is in the brief therapist's idea that no matter how awful and how complex the situation, a small change in one person's behavior can lead to profound and far-reaching differences in the behavior of all person's involved.
6. Change in one part of a system leads to changes in the system as a whole. Therefore, the number of people who are in on successfully constructing the problem and the solution does not necessarily matter.
7. Effective therapy can be done even when the therapist cannot describe what the client is complaining about. Basically, all the therapist and client need to know is how the client will know the problem is solved.

The key to Solution-focused therapy is to utilize what clients bring with them to help them meet their needs in such a way that they can make satisfactory lives for themselves.

The guidelines for well-formed goals as presented by the Brief Family Therapy Center (1994) are as follows:

1. The goal(s) is described in social, interactional terms.
2. The goal(s) has contextual and/or situational features.
3. The goal(s) is described as including the presence of some behavior and/or the start of something rather than the absence of some problem or the end of something.
4. The goal(s) is small rather than large.
5. The goal(s) is salient to the client(s) and, through negotiation, salient to the therapist.
6. The goal(s) is described in specific, concrete, and behavioral terms.
7. The goal(s) is both realistic and achievable.
8. Goal achievement is perceived by the client(s) as involving "hard work" on his/her part.

Another technique used by the Brief Family Therapy Center (1994) is the E.A.R.S. approach. This is:

*Elicit:* Ask about positive changes.

*Amplify:* Ask for details (about positive changes).

*Reinforce:* Make sure the client notices/values positive change he/she had made.

*Start again and ask Scaling question:*

Ask what else is better?

Ask client to scale.

According to Steve de Shazer (1994), Director of the Brief Family Therapy Center, there is a "miracle" question that helps clients articulate what they want from therapy:

"Suppose that tonight, after you go to sleep, a miracle happens and the problems that brought you to therapy are gone, just like that (a snap of the fingers). However, since this happened while you were sleeping, you cannot know it has happened. Beginning tomorrow morning once you wake up, how will you discover that this miracle has happened?"

"Simplifying the Miracle," by Lee Shilts and Arlene Gordon, demonstrates how to simplify responses to the "miracle" question. The miracle question is used to help clients describe what a solution would look like in the

future. Simplifying the clients' responses may be an effective technique for some clients.

#### Summary

The literature important to the project was presented in Chapter Two. The lack of direct information in a comprehensive presentation is evidence of the need for this study. The factors of client dropout are multiple and wide-ranging, and need to be explored, evaluated and remedied.



## CHAPTER THREE

### METHODS

#### Introduction

Chapter Three documents the steps used in developing the project. Specifically, methods to be utilized in collecting data are designed to collect responses to a number of demographic variables chosen to test the hypothesis that there is a significant difference between clients who continue receiving services and clients who terminate early from receiving services. I think that there is a significant difference between those who continue services and premature terminators.

#### Study Design

The study was designed to explore patterns of clients' characteristics in this examination of client continuance. The purpose of the study is to develop a foundation of knowledge that could improve the current policies and procedures with regards to their implementation within the mental health services provided by the Children's Bureau. The research design utilized for this study was a cross-sectional design using agency case files. This was a one-group posttest-only design, which, in general, is an exploratory design. The rationale for

having chosen this design is that contacting the terminated clients would be extremely difficult due to disconnected phone numbers and address changes. This study is limited to the specific information identified within the case files of the agency, with the exception of one Likert scale question collected by phone survey. The research question is specifically focused on what factors influence client drop out in mental health services.

### Sampling

The data collected was from one-hundred case files (fifty continuers, fifty discontinuers) from a three-year period of time. The selection criteria for discontinuers was that the case needed to be a premature termination initiated by the client. The selection criteria for continuers was that the case needed to be open at the time of the survey. For both continuers and discontinuers, nonprobability sampling was used, specifically, convenience sampling. This sample was chosen due to the ease of access to the files and the time constraints imposed by the need to complete this project in a set period of time. Complete access to these files was granted in December, 2001. This data has been gathered with the addition of the client satisfaction question being

gathered by phone survey by continuers and discontinuers for qualitative evaluation.

#### Data Collection and Instruments

The data collected was participant observation data and was gathered by using existing documents, specifically, open and closed case files. The independent variables are: ethnicity, marital status, occupation, income, employment status, primary language, highest grade completed, relationship to child, referral source, problem at time of case opening, length of time case open, Children's Bureau worker, and client satisfaction. The client satisfaction question asked continuers and discontinuers to scale (from 1 to 10) how satisfied they were with services provided by Children's Bureau.

The design for this survey was a cross-sectional approach and the data collection for this survey was the utilization of secondary data sets. A data extraction form was used that utilized ordinal and nominal variables. Existing instruments were not used.

The strengths of the data collection method being used are that it is time efficient and inexpensive. The strength of the instrument is that it was designed for this study. The limitation of the method is that the

population is very specific and the only information that can be gathered is that which has already been collected, with the exception of client satisfaction. The limitation of the survey instrument is that since all but one of the variables have been limited to the information already collected, there will not be as much of a variety of variables.

### Procedures

The author gathered data by reviewing recently closed case files and recording the data on a data extraction form. The collecting of data began January 15, 2002, after proper approval of procedures had been obtained. Data analysis continued until May 10, 2002.

### Protection of Human Subjects

The confidentiality and anonymity of the study participants was a primary concern of this researcher and all efforts were made on her part to accomplish this. For the sake of protecting the participants' anonymity and inputting the data, a numbering system was utilized. No participant names were used. The names used for Children's Bureau workers are fictitious for the sake of anonymity.

## Data Analysis

The research question posed was analyzed in a quantitative and qualitative manor. The qualitative data used was a Likert scale for client satisfaction. Nominal and ordinal levels of measurement were utilized. The relationships examined are correlational and an interpretive association. Univariate analysis was used to interpret the data. The statistical tests that were used are Pearson's  $r$  for inference and Chi-square. With regards to qualitative data, a Likert scale was used for the phone survey question asking client satisfaction.

## Summary

The data gathered will be used to attempt to ascertain what variables and to what degree those variables influence a client's decision to terminate receiving mental health services. Statistical tests were used in determining probabilities of correlation. The specific statistical computer software program used was SPSS.

## CHAPTER FOUR

### RESULTS

#### Introduction

The characteristics of the population examined in this study are those that were reported in previous research to be significant in the continuance-discontinuance of service by clients: ethnicity, marital status, occupation, income, employment status, primary language, highest grade completed, relationship to child, referral source, problem at time of case opening, length of time case open, Children's Bureau worker, and client satisfaction. The data collected on the characteristics is discussed in how it relates similarly and differently between continuers and discontinuers. One hundred case files were used with fifty continuers and fifty discontinuers.

#### Presentation of the Findings

##### Descriptive Results

Demographic profiles were drawn from the total sample. The following variables describe the sample.

Problem at Time of Case Opening: At Risk - 53%, Neglect - 23%, Physical Abuse - 12%, Sexual Abuse - 5%, Emotional Abuse - 5%, Drug Addicted Infant - 2%.

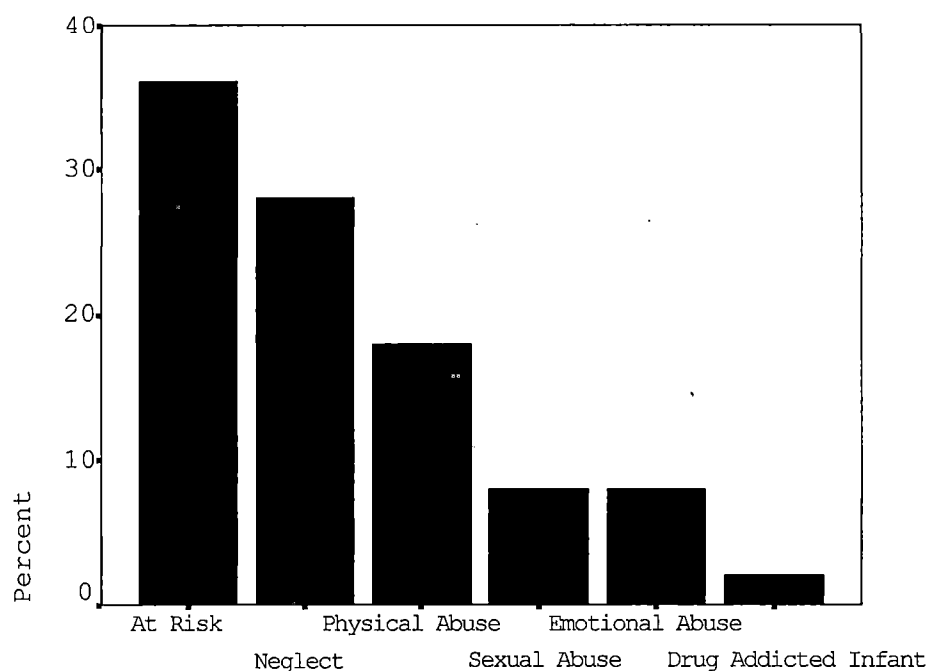


Figure 1. Problem at Time of Case Opening

Referral Source: Self Referred (Public Awareness) - 4%, Self Referred (TV, Radio, Newspaper) - 2%, Self Referred (Word of Mouth) - 2%, Self Referred (Telephone Listing) - 1%, Referred From (Court Ordered) - 7%, Referred From (CPS) - 22%, Referred From (Schools) - 42%, Referred From (Other Public Agency) - 10%, Referred From (Private Agency) - 7%, Referred From (Mandated Reporters) - 1%, Referred From (Other) - 2%.

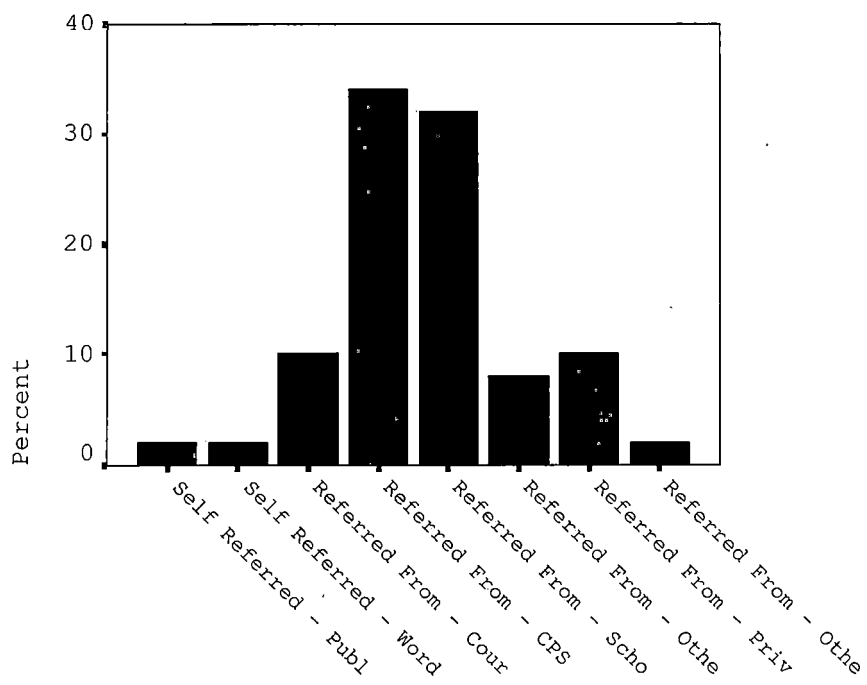


Figure 2. Referred From

Length of Time Case Open: Under 3 Months - 14%, Over 3 to 6 Months - 29%, Over 6 to 9 Months - 20%, Over 9 to 12 Months - 16%, Over 12 to 18 Months - 10%, Over 18 Months - 11%.



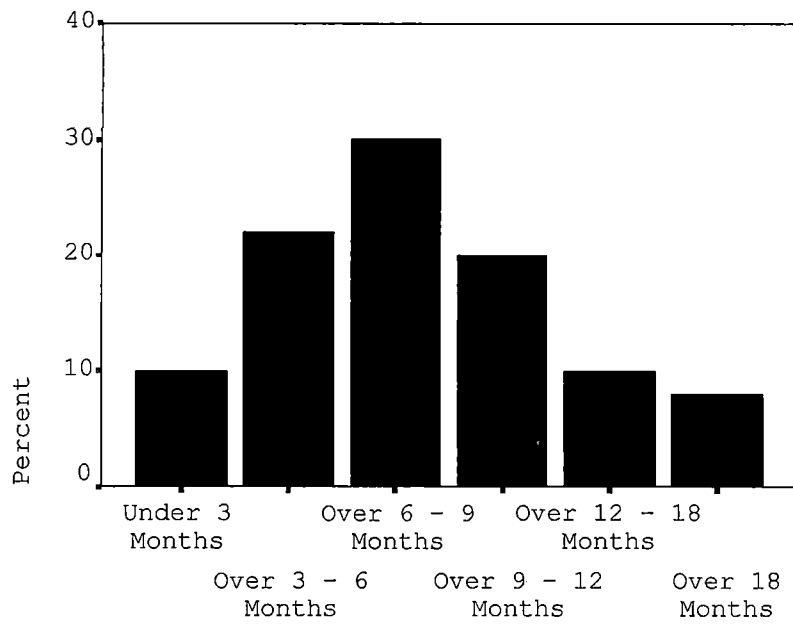


Figure 3. Length of Time Case Open

Children's Bureau Worker (names are fictitious): Alice

Clark - 32%, Cathy Hall - 27%, Cheryl Kass - 10%,  
 Karen Schultz - 9%, Chris Callaway - 4%, Rose Sanders  
 - 10%, Peter Tanner - 6%, Kelly Marks - 2%.

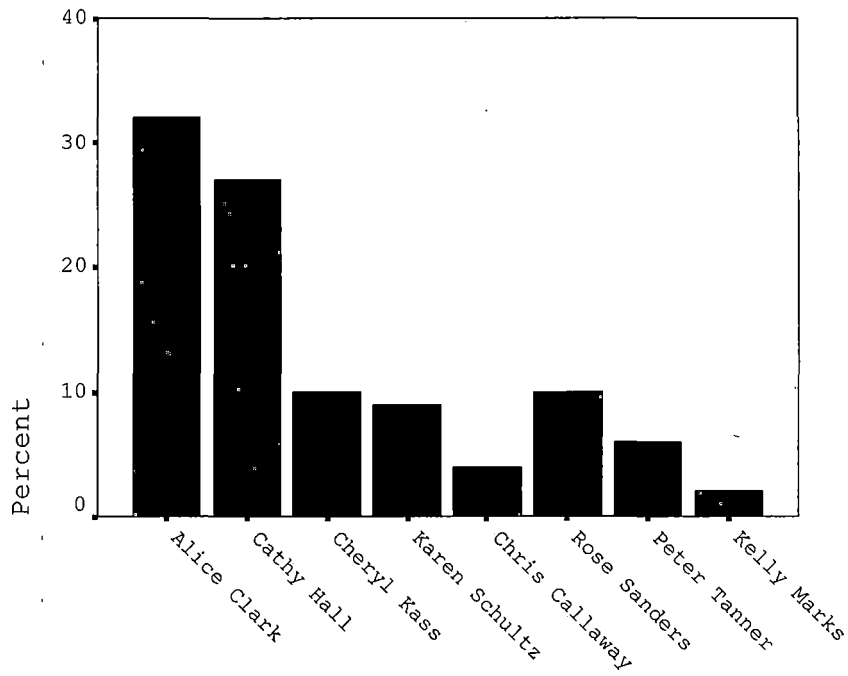


Figure 4. Children's Bureau Worker

Income: AFDC, SSI, GR, Medi-cal - 15%, Under \$10,000 - 38%, \$10,001 to \$20,000 - 31%, \$20,001 to \$30,000 - 12%, Over \$30,000 - 4%.

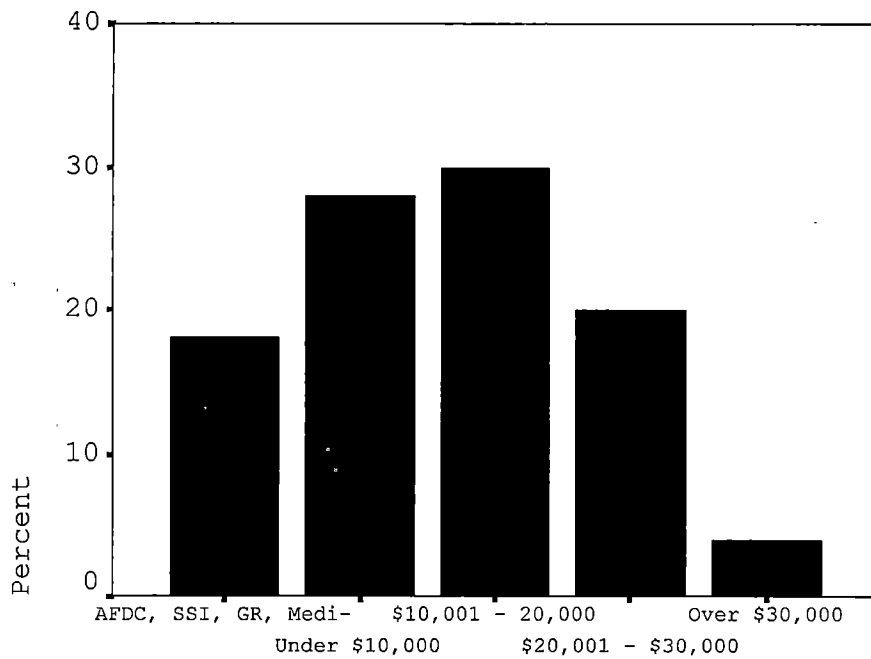


Figure 5. Income

Relationship to Child: Adoptive Parent - 2%, Foster Parent - 40%, Grandparent - 12%, Legal Guardian - 5%, Natural Parent - 38%, Other Relative - 2%, Step Parent - 1%.

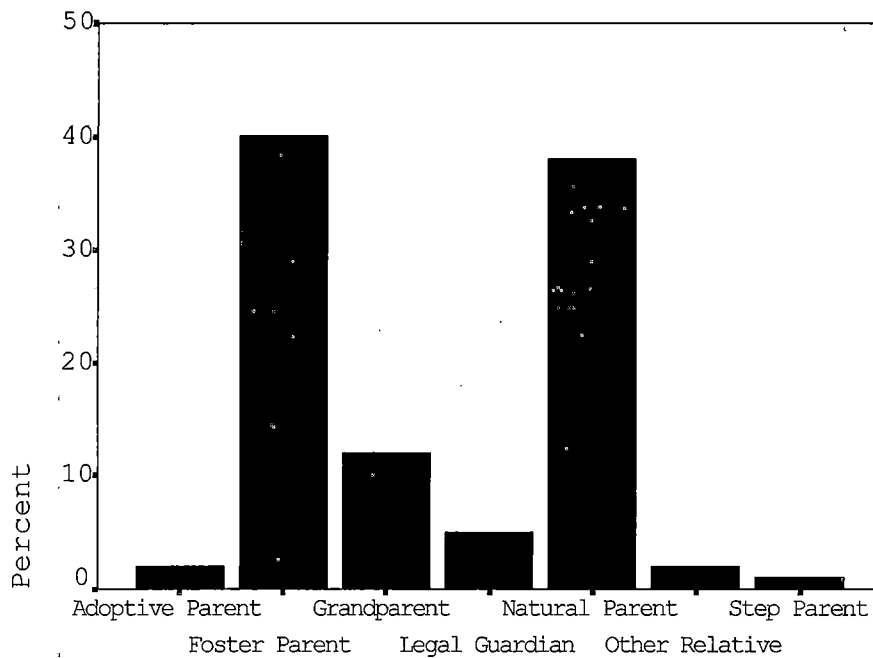


Figure 6. Relationship to Child

Employment Status: Employed (Full Time) - 17%, Employed (Part Time) - 14%, Students (Adults) - 1%, Seeking Employment - 1%, Unemployed - 12%, Seasonally - 1%, Retired/Disabled - 22%, Homemaker - 32%.

Occupation: None - 7%, Professional - 4%, Managerial - 2%, Clerical - 7%, Sales - 8%, Domestic - 9%, Laborer - 1%, Homemaker - 41%, Retired - 14%, Disabled - 16%, Other - 1%.

Highest Grade Completed: None - 2%, 1st to 6th Grade - 1%, 7th to 8th Grade - 5%, 9th to 12th Grade - 63%, 13+ - 29%.

Marital Status: Single - 24%, Married - 56%, Partner - 1%,  
Separated/Divorced/Widowed - 19%.

Ethnicity: African American - 32%, Asian Pacific - 1%, Bi  
Racial - 2%, Caucasian - 39%, Latino - 25%, Other -  
1%.

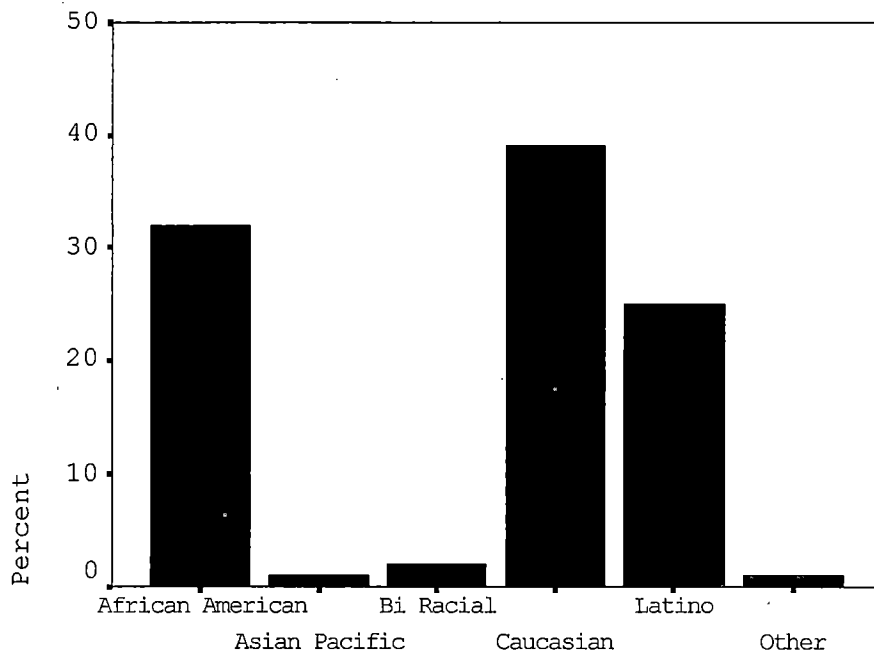


Figure 7. Ethnicity

Primary Language: English - 86%, Spanish - 14%.

Reason Case Closed: Moved Out of Area - 7%, Refused

Further Service/Dropped Out - 29%, Worker Terminated  
Prematurely - 3%, Went to New Agency - 10%, Other -  
1%, N/A (Continuers) - 50%.

Client Satisfaction: No Response - 55%, "1" (not at all) - 2%, "2" - 2%, "3" - 1%, "4" - 1%, "5" - 3%, "6" - 3%, "7" - 18%, "8" - 9%, "9" - 3%, "10" (completely) - 3%.

### Inferential Results

When referring to p-values, the following are the significant (.000 to .050), somewhat significant (.051 to .100) and not significant variables (over .100) in the order of their significance, with the most significant variable listed first:

Table 1. P-values and Chi-squares for Independent Variables

<u>Variable</u>	<u>x<sup>2</sup></u>	<u>P-value</u>
Problem at Time of Case Opening (collapsed)	13.09	.001
Referral Source (collapsed)	9.33	.009
Length of Time Case Open (collapsed)	8.69	.013
Children's Bureau Worker	14.94	.037
Income (collapsed)	7.26	.064
Relationship to Child (collapsed)	2.56	.278
Employment Status (collapsed)	3.94	.414
Occupation (collapsed)	3.88	.421
Highest Grade Completed (collapsed)	.44	.509
Marital Status (collapsed)	.04	.840
Ethnicity (collapsed)	.19	.909
Primary Language (collapsed)	.00	1.00
Reason Case Closed	not applicable	
Client Satisfaction	insufficient data	

The above collapsed variables were collapsed due to the need to keep expected values of each cell at a minimum of five. The above collapsed variables and their categories are as follows:

Problem at Time of Case Opening (collapsed) - At risk; Neglect; and, Abuse.

Referral Source (collapsed) - Child Protective Services; Schools; and, Other public agency.

Length of Time Case Open (collapsed) - Under 6 months; Over 6 months to 12 months; and, Over 12 months

Income (collapsed) - AFDC, SSI, etc.; under \$10,000; \$10,001-\$20,000; and, over \$20,000.

Relationship to Child (collapsed) - Grandparent; Natural parent; and, Foster parent/Adoptive parent/Legal Guardian/Other Relative/ Step Parent.

Employment Status (collapsed) - Employed full-time; Employed part-time; Unemployed; Retired/Disabled; and, Homemaker.

Occupation (collapsed) - Homemaker; Retired/Disabled; Professional/Managerial/Sales/Domestic/Laborer; and, None.

Highest Grade Completed (collapsed) - up to 12th grade; and, 13+.

Marital Status (collapsed) - Married/Partner; and,  
Single/Separated/Divorced/Widowed.

Ethnicity (collapsed) - African American; Caucasian; and,  
Latino.

Primary Language (collapsed) - English; and,  
Spanish/other.

Five variables are statistically significant. Specifically, income, referral source, problem at time of case opening, length of time case open, and Children's Bureau worker. These variables demonstrated chi-square p-values under .100, which is what determined their significance. Due to insufficient data, chi-square and p-value could not be determined for client satisfaction. For any variable that was significant, a clustered bar graph will be shown for each of the chi-squares to enable further interpretation of the results.

Income (collapsed): Clients who have incomes under \$10,000 dollars annually are more likely to be continuers. Clients with incomes over \$20,001 are more likely to be discontinuers. This variable was collapsed due to the need to keep expected values of each cell at a minimum of five. The collapsed categories for income are: AFDC, SSI, etc.; under \$10,000; \$10,001-\$20,000; and, over \$20,000.



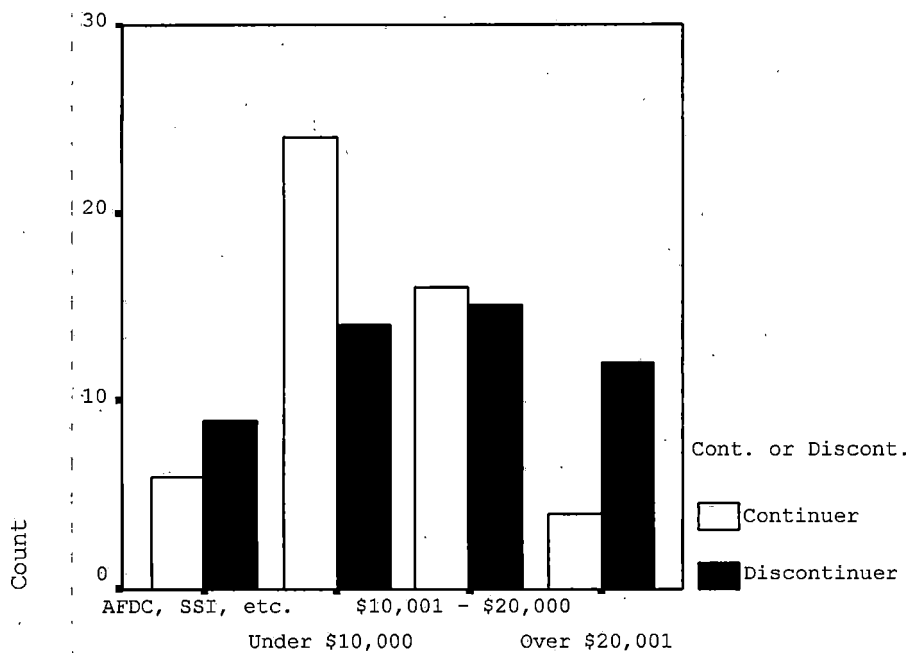


Figure 8. Income (collapsed)

Referral source (collapsed): Clients referred from court are more likely to be discontinuers. Clients referred from schools are more likely to be continuers. Clients referred from other public agencies are more likely to be continuers. This variable was collapsed due to the need to keep expected values of each cell at a minimum of five. The collapsed categories for referral source are: Child Protective Services; Schools; and, Other public agency.

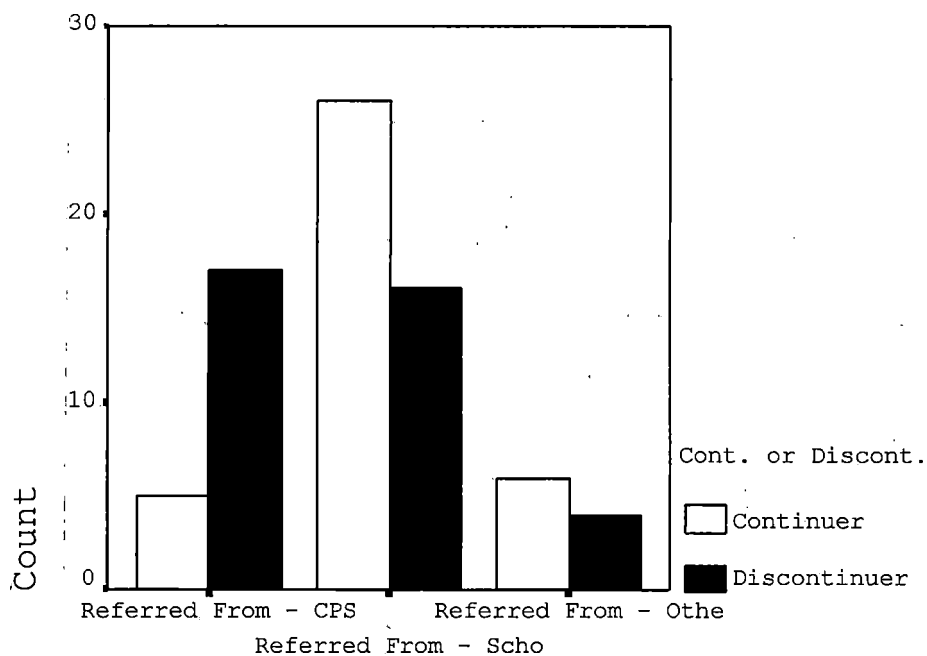


Figure 9. Referred from Child Protective Services, Schools, and Other Public Agency

Problem at time of case opening (collapsed): Clients

classified as "at risk" are more likely to be continuers. Clients classified as "abuse" are more likely to be discontinuers. This variable was collapsed due to the need to keep expected values of each cell at a minimum of five. The collapsed categories for problem at time of case opening are: At risk; Neglect; and, Abuse.

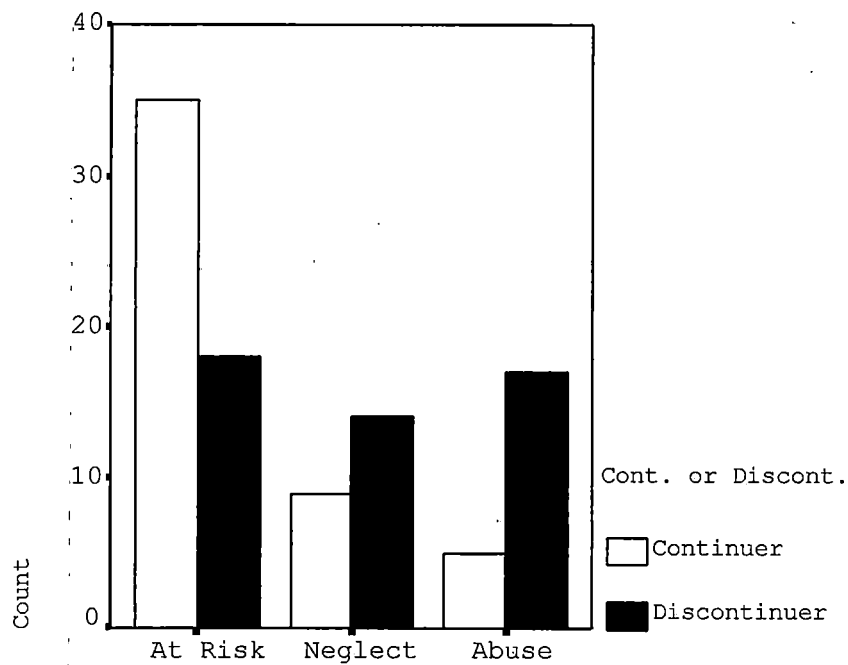


Figure 10. Problem at Time of Case Opening (collapsed)

Length of time case open (collapsed): Clients "under 6 months" are more likely to be continuers. Clients "over 6 months to 12 months" are more likely to be discontinuers. This variable was collapsed due to the need to keep expected values of each cell at a minimum of five. The collapsed categories for length of time case open are: Under 6 months; Over 6 months to 12 months; and, Over 12 months.

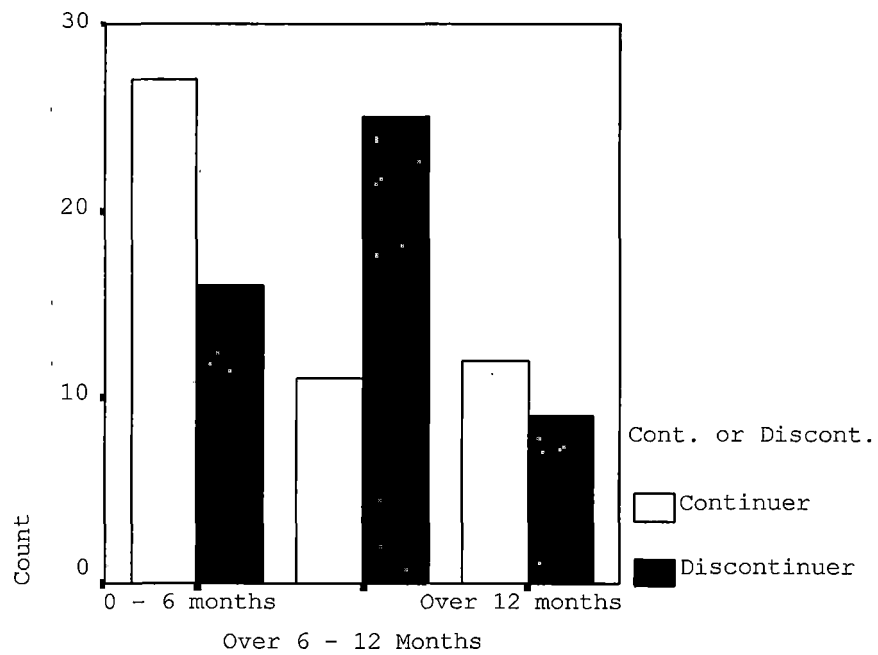


Figure 11. Length of Time Case Open (collapsed)

Children's Bureau worker: Clients with Rose Sanders were more likely to discontinue. \*\*\*NOTE: Workers' names are fictitious.

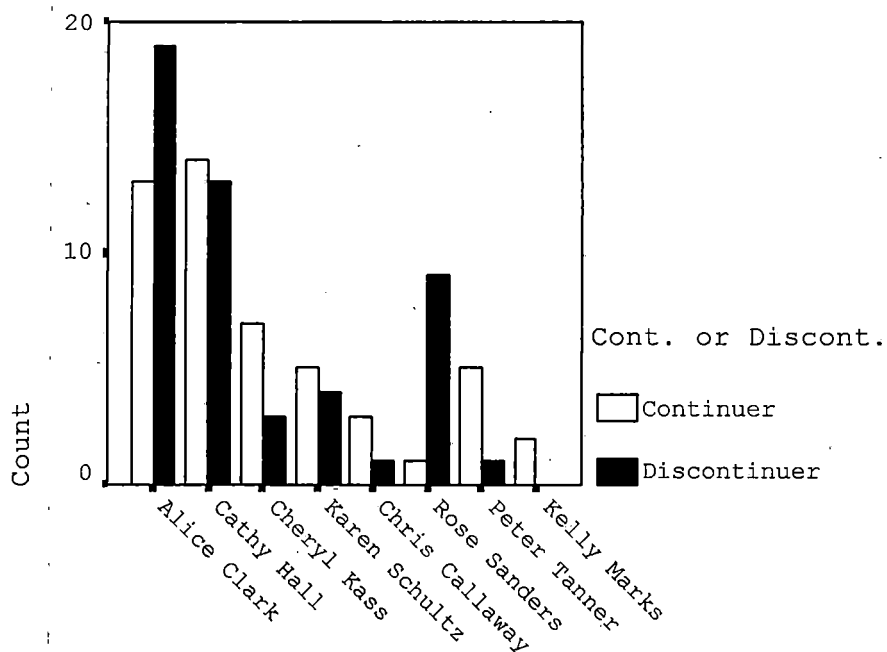


Figure 12. Children's Bureau Worker (collapsed)

#### Summary

Chapter Four reviewed the results extracted from the project. The explanations for each significant and somewhat significant variable explained what made the variable significant.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Included in Chapter Five is a discussion of the information gleamed as a result of completing the project. Further, the recommendations extracted from the project are presented. Then, conclusions are given. Lastly, the Chapter closes with a summary.

#### Discussion

The significant variables directly related to the client are "income" and "problem at time of case opening." The significant variable directly related to Children's Bureau is "Children's Bureau worker." "Length of time case open" is a significant variable influenced by both the client and the agency, and "Referral source" is a significant variable from outside sources.

"Client satisfaction" seems to be an important variable even though there was not enough data to run a chi-square and p-value. The fact that fifty-five out of the one hundred clients being surveyed chose not to answer the "Client satisfaction" question makes a definite statement. During the data collecting, there was concurrent media coverage regarding a Children's Bureau

worker and her supposed inappropriate handling of her survey. Several of the clients contacted for the survey stated the media coverage as the reason they would not participate. This may or may not possibly be the reason other clients declined to participate as well. This would be an area to investigate further by the agency.

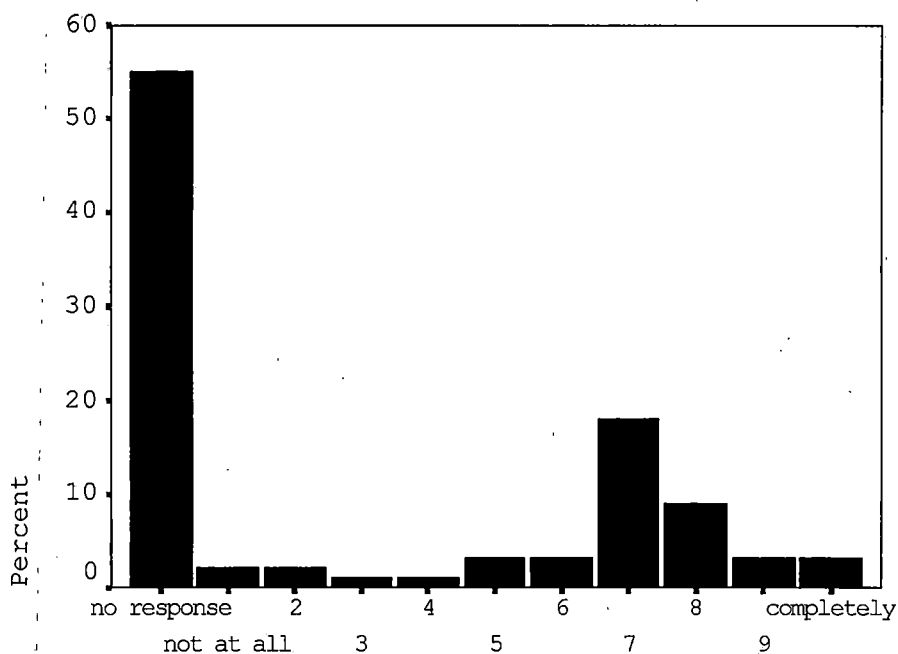


Figure 13. Client Satisfaction

Children's Bureau worker, Rose Sanders, had a significant amount of discontinuers, nine(9), as opposed to only one continuer. Rose Sanders has been released from the agency since the onset of this project.

Of the 22 clients referred from CPS, 5 continued and 17 discontinued. Most of the clients referred from CPS are

classified as either "physical abuse," "sexual abuse" or "emotional abuse" and the referral is usually mandatory. The significant amount of discontinuers may be a result of the client functioning less effectively at that time, as indicated by the CPS involvement in the client's life.

Of the 42 clients referred from schools, 26 continued and 16 discontinued. Most of the clients referred from schools are classified as "at risk," which means there is potential for abuse, but no evidence of current abuse. The significant number of continuers, even though the referral is not mandatory, may be a result of the client functioning more effectively in his/her life, and therefore he/she can recognize the benefit for therapeutic intervention in order to improve the quality of his/her family's life.

Of the 38 clients with incomes under \$10,000, 24 continued and 14 discontinued. This is possibly the result of clients with higher incomes having more options available with regards to where they seek services.



### Limitations

The following limitations apply to the project:

1. Data gathered was extracted from existing files, with the exception of the "Client satisfaction" question which was surveyed by telephone.
2. Qualitative data was insufficient to analyze due to unwillingness to participate in survey by clients. Only forty-five out of the one hundred clients surveyed answered the "Client satisfaction" question.

### Recommendations for Social Work Practice, Policy and Research

1. A client's income should be evaluated in order to assess whether or not the client needs to have basic needs met as well as therapeutic services.
2. The referral source of the client should be considered when assessing the therapeutic needs of the client.
3. Client satisfaction should be assessed throughout the agency/client relationship.

## Conclusions

The conclusions extracted from the project as follows:

1. The significant variables are: Problem at time of case opening, referral source, length of time case open and Children's Bureau worker.
2. The somewhat significant variable is: Income.
3. The not significant variables are: Relationship to child, Employment status, Occupation, Highest grade completed, Marital status, Ethnicity, Primary language, and Reason case closed.
4. The data for the "Client satisfaction" variable was insufficient to determine statistical significance.
5. Referrals from schools are usually classified as "at risk," and have a significantly higher number of continuers.
6. Referrals from Children's Protective Services are usually classified as "physical abuse," "sexual abuse" or "emotional abuse," and have a significantly higher number of discontinuers.
7. There was one Children's Bureau worker who had a significant number of discontinuers.

8. It appears that clients with higher incomes may seek services outside of Children's Bureau.
9. Although statistically significant, "Length of time case open" does not appear to be an important factor regarding continuing or discontinuing services.

APPENDIX A  
QUESTIONNAIRES

## Continuer Survey

Ethnicity.....  
 Marital Status.....  
 Occupation.....  
 Income.....  
 Employment Status.....  
 Primary Language.....  
 Highest Grade Completed.....  
 Relationship to Child.....  
 Referral.....  
 Problem at Time of Case Opening.....  
 Length of Time Case Open.....  
 CB Worker.....

On a scale from 1 to 10, 1 meaning not at all, and 10 meaning completely, how satisfied are you with the services being provided by Children's Bureau?

1 2 3 4 5 6 7 8 9 10  
not at all completely

## Discontinuer Survey

Ethnicity.....

Marital Status.....

Occupation.....

Service Request.....

Income.....

Employment Status.....

Primary Language.....

Highest Grade Completed.....

Relationship to Child.....

Referral.....

Problem at Time of Case Opening.....

Reason Case Closed.....

Length of Time Case Open.....

CB Worker.....

On a scale from 1 to 10, 1 meaning not at all, and 10 meaning completely, how satisfied were you with the services being provided by Children's Bureau?

1 2 3 4 5 6 7 8 9 10  
not at all completely

## Data Form Code Key

### Continuer or Discontinuer:

- |   |              |
|---|--------------|
| 0 | Continuer    |
| 1 | Discontinuer |

### Ethnicity:

- |    |                  |
|----|------------------|
| 1. | African American |
| 2. | Asian Pacific    |
| 3. | Bi Racial        |
| 4. | Caucasian        |
| 5. | Latino           |
| 6. | Native American  |
| 7. | Other            |
| 8. | Unknown          |

### Marital Status:

- |    |                            |
|----|----------------------------|
| 1. | Single                     |
| 2. | Married                    |
| 3. | Partner                    |
| 4. | Separated/Divorced/Widowed |

### Occupation:

- |    |                      |
|----|----------------------|
| 1  | None                 |
| 2  | Professional         |
| 3  | Managerial           |
| 4  | Clerical             |
| 5  | Sales                |
| 6  | Craftsman/Operatives |
| 7  | Domestic             |
| 8  | Laborer              |
| 9  | Military             |
| 10 | Homemaker            |
| 11 | Retired              |
| 12 | Disabled             |
| 13 | Farmer               |
| 14 | Other                |
| 15 | Unknown              |

### Income:

- |   |                         |
|---|-------------------------|
| 1 | AFDC, SSI, GR, Medi-cal |
| 2 | Under \$10,000          |
| 3 | \$10,001 - \$20,000     |
| 4 | \$20,001 - \$30,000     |
| 5 | Over \$30,000           |

Employment Status:

- |   |                            |
|---|----------------------------|
| 1 | Employed - Full Time       |
| 2 | Employed - Part Time       |
| 3 | Student (Adults)           |
| 4 | Seeking Employment         |
| 5 | Unemployed                 |
| 6 | Seasonally                 |
| 7 | Retired/Disabled           |
| 8 | Not Applicable (Homemaker) |

Primary Language:

- |   |               |
|---|---------------|
| 1 | English       |
| 2 | Spanish       |
| 3 | Asian Pacific |
| 4 | Other         |

NOTE: The Asian Pacific code covers Chinese, Japanese, Korean, Vietnamese, Cambodian, etc.

Highest Grade Completed:

- |   |                  |
|---|------------------|
| 1 | None             |
| 2 | 1st - 6th Grade  |
| 3 | 7th - 8th Grade  |
| 4 | 9th - 12th Grade |
| 5 | 13+              |

Relationship to Child:

- |   |                 |
|---|-----------------|
| 1 | Adoptive Parent |
| 2 | Foster Parent   |
| 3 | Grandparent     |
| 4 | Legal Guardian  |
| 5 | Natural Parent  |
| 6 | Other Relative  |
| 7 | Step Parent     |



Referral:

- 1 Self Referred - Public Awareness
- 2 Self Referred - TV, Radio, Newspaper
- 3 Self Referred - Flyers/Brochures
- 4 Self Referred - Word of Mouth
- 5 Self Referred - Telephone Listing
- 6 Referred From - Info Line
- 7 Referred From - Medical
- 8 Referred From - Court Ordered
- 9 Referred From - CPS
- 10 Referred From - Law Enforcement
- 11 Referred From - Schools
- 12 Referred From - Other Public Agency
- 13 Referred From - Private Agency
- 14 Referred From - Mandated Reporters
- 15 Referred From - Other

Problem at Time of Case Opening:

- 1 At Risk
- 2 Neglect
- 3 Physical Abuse
- 4 Sexual Abuse
- 5 Emotional Abuse
- 6 Failure to Thrive
- 7 Drug Addicted Infant

Reason Case Closed:

- 1 Successfully Completed Program
- 2 Moved Out of Area
- 3 Refused Further Services/ Dropped Out
- 4 Worker Terminated Prematurely
- 5 Went to New Agency
- 6 Other

Length of Time Open:

- 1 Under 3 Months
- 2 Over 3 - 6 Months
- 3 Over 6 - 9 Months
- 4 Over 9 - 12 Months
- 5 Over 12 - 18 Months
- 6 Over 18 Months

CB Worker:

1	Alice Clark
2	Cathy Hall
3	Cheryl Kass
4	Karen Schultz
5	Chris Callaway
6	Rose Sanders
7	Peter Tanner
8	Kelly Marks

NOTE: CB Worker's names have been changed.

Satisfaction:

0	no response
1	not at all
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	completely

APPENDIX B  
INFORMED CONSENT

**Study of What Factors Influence Client Drop Out  
in Mental Health Services  
Informed Oral Consent**

The study in which you are about to participate is designed to investigate what factors influence client drop out in mental health services. This study is being conducted by Lela Anderson who is an MSW student at CSU, San Bernardino, under the supervision of Dr. Matt Riggs with guidance from Dr. Rosemary McCaslin, coordinator of MSW research. This study has been approved by the Department of Social Work subcommittee of the CSU, San Bernardino, Institutional Review Board. The university requires that you give consent before participating in this study.

In this study, you will be asked to respond to three questions. The task should take about 5 minutes to complete. Your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. All data will be reported in group form only.

Your participation in this study is totally voluntary. You are free to withdraw at any time during this study without penalty. The Children's Bureau will not know if you participate or not. When you complete the questions, I will read a debriefing statement to you. Once the debriefing statement is read, I will mail it to you.

By giving verbal consent, you acknowledge you have been informed of, and you understand, the nature and purpose of this study, and you freely participate. If you have any questions or concerns, please contact Dr. Rosemary McCaslin at (909) 880-5507. You also acknowledge you are at least 18 years of age.

---

Researcher signature

---

Date

APPENDIX C  
DEBRIEFING STATEMENT

**Study of What Factors Influence  
Client Drop Out in Mental Health Services  
Debriefing Statement Text**

The study you just completed was designed to investigate what factors influence client drop out in mental health services. In this study, two perspectives are being assessed: The perspective of the client who continues services and the perspective of the client who does not continue services. The purpose of this study is to improve the quality of services provided.

Thank you for your participation. If you have any questions or concerns about the study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507. If you would like to access a copy of the group results of this study, they will be available in the Pfau library at CSU, San Bernardino, after June of 2002.

This debriefing statement will be mailed to you upon completion of this phone call.

APPENDIX D  
AGENCY LETTER

**Children's Bureau of Southern California**



**HEADQUARTERS**  
3910 Oakwood Avenue  
Los Angeles, CA 90004-3487  
Phone 323-953-7356  
Fax 323-661-7306

**DEVELOPMENT & COMMUNITY  
RELATIONS**  
3731 Wilshire Boulevard  
Suite 512 West  
Los Angeles, CA 90010-2830  
Phone 213-639-1560  
Fax 213-639-1566

**FOSTER CARE SERVICES**  
338 Vermont Avenue  
Los Angeles, CA 90004-3511  
Phone 323-644-3900  
Fax 323-644-3907

**AREA OFFICES**  
**ANTELOPE VALLEY**  
1529 East Palmdale Boulevard  
Suite 210  
Palmdale, CA 93550-2029  
Phone 661-272-9996  
Fax 661-272-0438

**CENTINELA VALLEY**  
610 North Euclippus Avenue  
Inglewood, CA 90302-2202  
Phone 310-673-7830  
Fax 310-673-5619

**PARENT COOPERATIVE  
CHILD DEVELOPMENT CENTER**  
525 North Market Street  
Inglewood, CA 90302-3008  
Phone 310-674-0924  
Fax 310-419-5080

**INGLEWOOD FAMILY AND  
COMMUNITY DEVELOPMENT  
ASSOCIATION**  
11011 Crenshaw Boulevard  
Suite 101  
Inglewood, CA 90303-6335  
Phone 310-673-3230  
Fax 310-673-5350

**ORANGE COUNTY**  
50 South Anaheim Boulevard  
Suite 241  
Anaheim, CA 92805-2908  
Phone 714-517-1900  
Fax 714-517-1911

**CALIFORNIA SAFE AND  
HEALTHY FAMILIES**  
244 East Valencia Drive  
Fullerton, CA 92632-2440  
Phone 714-449-7888  
Fax 714-449-7887

**OAK VIEW FAMILY  
CENTER**  
17241 Oak Lane  
Huntington Beach, CA 92647-5895  
Phone 714-375-3725  
Fax 714-842-5796

**SOUTH ORANGE COUNTY  
FAMILY RESOURCE CENTER**  
28191 Marguerite Parkway  
Suite 19  
Mission Viejo, CA 92691  
Phone 949-264-0500  
Fax 949-264-0575

**TUSTIN ACTS FOR FAMILIES  
AND YOUTH (TAFY)**  
14742 Newport Avenue  
Suite 103A  
Tustin, CA 92780-6177  
Phone 714-730-7592  
Fax 714-734-8432

**SAN GABRIEL VALLEY**  
14600 Ramona Boulevard  
Baldwin Park, CA 91706-3633  
Phone 626-337-8811  
Fax 626-856-5653

**FAMILY VISITATION  
AND PARENT  
LEARNING CENTER**  
11815 Riverside Drive  
North Hollywood, CA 91607-4022  
Phone 818-985-8154  
Fax 818-985-2370  
Executive Director  
Alex Morales, L.C.S.W.

December 18, 2001

To Whom It May Concern,

This is to verify that Children's Bureau gives permission for Lela Anderson to utilize our charts and data from the Mental Health program in order to complete her MSW research project. She also has permission to contact the families, either by phone or by mail in her effort to collect data.

Lela understands that she is bound by the rules of confidentiality and is not to disclose any information regarding these clients or include any identifying information as part of her research project.

If you have any further questions, please contact me at (661) 951-2191 ext. 203.

Sincerely,

Karen Gilmore, L.C. S.W.  
Program Coordinator





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